



## **Williamson County Benefits Department**

### **IMPORTANT NOTICE ABOUT YOUR 2007 PRESCRIPTION BENEFITS**

#### **\*\*\*PLEASE READ AND KEEP FOR YOUR RECORDS**

As communicated in your Benefits Open Enrollment materials for 2007, effective January 1, 2007 the Deductible and Co-pay Prescription Drug Benefit Program will be administered by Caremark.

The following materials can be located at [www.caremark.com](http://www.caremark.com):

- A listing of participating chain pharmacies
- Order forms and instructions for using the mail-order services under the Plan
- General information about using the Caremark program
- Performance Drug List

#### **Retail Pharmacy Benefits**

You are eligible to receive up to a 30-day supply for each prescription obtained at a participating retail pharmacy.

When you need to fill a prescription through the retail network on or after January 1, 2007, simply present your Williamson County benefit card to the pharmacist. Your prescription must be processed on the Caremark on-line system for coverage; therefore, you must present your ID card to the pharmacist when filling or re-filling a prescription. The card contains important information to help the pharmacist process your order correctly.

Please share the "*Performance Drug List*" list with your doctor. Generic drugs have the lowest level of employee cost share and are a safe alternative to brand-name drugs. Your out-of-pocket costs will be lower for drugs on the "*Performance Drug List*" list; however, in all cases, the final prescribing decision rests with your doctor.

#### **Using the Caremark Retail Pharmacy Network**

The Caremark retail network includes all national and regional chains and most independent pharmacies - over 54,000 throughout the United States. In most cases, you may continue to have your prescriptions filled at the same retail pharmacy you are using today. If you currently have refills remaining at a retail pharmacy you will *not* need to obtain a new prescription if the pharmacy is part of the Caremark network. Simply show your Caremark card to the pharmacist when you request a refill on or after January 1, 2007. After 1/1/07, you can also determine if your pharmacy is part of the Caremark network by visiting the Caremark Web site at [www.caremark.com](http://www.caremark.com) or by contacting Caremark Member Services toll-free at **1.800.966.5772**

### **Mail Service Benefits**

Caremark will also replace Express Scripts (ESI) for mail order prescriptions. If you currently use ESI, your mail service prescriptions will transfer to Caremark. Caremark has provided the following FastStart option for getting your mail order prescriptions started in their facility. Take advantage of this opportunity if you are currently getting medications filled from ESI mail order.

### ***Getting started is easy...with two convenient options!***

1. Call toll-free **1-866-273-5268** for FastStart service. Provide the mail pharmacy representative the following information:
  - ☐ Member ID number (on your benefit card)
  - ☐ Medication name
  - ☐ Doctor name and phone number
  - ☐ Shipping address
  - ☐ Williamson County Flex Benny Card or Credit Card number and expiration date

That's it! The representative will contact your doctor and fill out the order form for you.

**OR**

2. Get a 90-day prescription from your doctor, with as many as three refills (if appropriate). Fill out the enclosed mail order form and mail it in with your prescription and payment.

You can expect to receive your medication within 14 days from the date you mail your prescription or from the time we place your order. Call today and discover how fast and easy it is to use the Caremark Mail Service pharmacy!

You are encouraged to review the enclosed materials carefully. If you would like to obtain additional information please call Caremark Member Services at 1.800.966.5772. The Member Service Representative will be able to give you basic information prior to 1/1/07 and more detailed information after that date.

### **Copayment**

Your copay structure for 2007 will follow this design:

Mail - \$10 for Generics\*, \$40 for Preferred Brands, \$75 for Non Preferred Brands.

Retail - \$10 for Generics\*, 20% (with \$20 Minimum) for Preferred Brands,  
35% (with \$35 Minimum) for Non Preferred Brands.

\*When Generic is available and member chooses Formulary, the member will pay the co-pay plus the difference in cost.